

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>107070931</u>	FILING DATE <u>26 JUN 2002</u>
						APPLICANT(S) <u>Tegan</u>	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2	/						52
3	/						53
4	/						54
5	/						55
6	/						56
7	/						57
8	/						58
9	/						59
10	/						60
11	/						61
12	/						62
13	/						63
14	/						64
15	/						65
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40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	/						
TOTAL DEP.	14	↓	↓	↓			
TOTAL CLAIMS	15	5	5	5			